

2469

Incorrect certificate will be returned for correction.

PLACE OF DEATH		Arizona Territorial Board of Health BUREAU OF VITAL STATISTICS	
COUNTY <u>Navajo</u>		493	
DISTRICT <u>Pinetop</u>		TERRITORIAL INDEX NO. <u>499</u>	
TOWN <u>Pinetop</u>		COUNTY REGISTERED NO. <u>22</u>	
OR CITY <u>Pinetop</u>	NO. _____	ST. LOCAL REGISTRAR'S NO. _____	
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)			
FULL NAME <u>Dewey Grant Pinetop</u>			
PERSONAL AND STATISTICAL PARTICULARS.		MEDICAL CERTIFICATE OF DEATH	
SEX <u>Male</u>	COLOR or RACE White <input type="checkbox"/> Indian <input type="checkbox"/> Black <input type="checkbox"/> Chinese <input type="checkbox"/> Mexican <input type="checkbox"/>	DATE OF DEATH <u>May</u> <u>3</u> 191 <u>1</u> (Month) (Day) (Year)	
SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> or DIVORCED <input type="checkbox"/>		I hereby certify, that I attended deceased from _____ 191 <u>1</u> to _____ 191 <u>1</u> ; that I last saw h. _____ alive on _____ 191 <u>1</u> and that death occurred on the date stated above at _____ M. The DISEASE or INJURY causing Death was as follows: <u>Cholera Infantum</u>	
DATE OF BIRTH <u>June</u> <u>7</u> 191 <u>0</u> (Month) (Day) (Year)		(Duration) _____ yrs. _____ mos. _____ days	
AGE _____ yrs. _____ mos. <u>28</u> days If less than 1 day, _____ hrs., or _____ min.		Was disease contracted in Arizona? <u>104</u>	
OCCUPATION (a) Trade, profession or particular kind of work _____ (b) General nature of industry, business, or establishment in which employed (or employer) _____		If not, where? _____	
BIRTHPLACE (State or country) <u>Arizona</u>		CONTRIBUTORY _____ (Duration) _____ yrs. _____ mos. _____ days	
PARENTS	NAME OF FATHER <u>Lionel Pinetop</u>	(Signed) _____ M. D.	
	BIRTHPLACE OF FATHER (State or country) <u>Utah</u>	_____, 191 <u>1</u> (Address) _____	
	MAIDEN NAME OF MOTHER <u>Mercene Hansen</u>	*In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
	BIRTHPLACE OF MOTHER (State or country) <u>Arizona</u>	LENGTH OF RESIDENCE At place of death _____ yrs. _____ mos. _____ ds. In Arizona _____ yrs. _____ mos. _____ ds.	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) _____ (Address) _____		Former or Usual Residence _____	
PLACE OF BURIAL OR REMOVAL <u>Pinetop</u>	DATE OF BURIAL OR REMOVAL <u>May</u> <u>4</u> 191 <u>1</u>	Filed <u>July 10</u> 191 <u>1</u> <u>Albert Pinetop</u> Local Registrar	
UNDERTAKER <u>Pinetop</u>	ADDRESS _____	Filed <u>Pinetop</u> 191 <u>1</u> <u>Edw. M. Hansen</u> County Registrar	